

**APPOINTMENT CERTIFICATION FORM**  
**FOR**  
**SKILLED SERVICE AND PROFESSIONAL SERVICE APPOINTMENTS**  
**(Attach this form to Form MS-310 when submitting appointment to DBM/OPSB)**  
***(This information must be provided.)***

**Name of Department/Agency:** \_\_\_\_\_

**Classification Title and Code:** \_\_\_\_\_

**Position Identification Number:** \_\_\_\_\_

**Requisition ID:** \_\_\_\_\_ **Job (Recruitment) Number:** \_\_\_\_\_

**I. PLEASE COMPLETE THIS SECTION FOR ALL APPOINTMENTS (All items MUST be completed.)**

- A. Layoff candidate(s) cleared? ☐ Yes ☐ No ☐ (No Layoff candidates)
- B. If Interview and Hire, was DHR contacted for Temporary Cash Assistance (TCA) referrals? ☐ Yes ☐ No ☐ NA
- C. Selection made from a certified list of eligible candidates in accordance with SPPA Section 7-209 ☐ Yes ☐ NA.  
If Not Applicable, please explain below under COMMENTS.
- D. Date the Certified Eligible List was created: \_\_\_\_\_
- E. Date of the Requisition: \_\_\_\_\_
- F. Number of phone calls made/interview letters sent: \_\_\_\_\_ Date of phone calls or letters: \_\_\_\_\_
- G. Number of candidates interviewed: \_\_\_\_\_ If more than zero (0) and less than three (3) candidates are interviewed, please explain in the COMMENTS section below.
- H. Date employment offer made: \_\_\_\_\_
- I. Name of person selected: \_\_\_\_\_
- J. This person is an *open* candidate ☐. This person is a *promotional* candidate ☐.  
This person was employed by a State Agency but is not a promotional employee ☐.

**COMMENTS:**

**II. PLEASE PLACE A CHECKMARK IN THE APPROPRIATE COLUMN(S) (*Checkmarks must be entered in appropriate columns.*)**

- | <u>DBM</u>                  | <u>Appointing Authority<br/>or Department</u>                    |
|-----------------------------|--|
| A. <input type="checkbox"/> | <input type="checkbox"/> Developed test.                         |
| B. <input type="checkbox"/> | <input type="checkbox"/> Administered test.                      |
| C. <input type="checkbox"/> | <input type="checkbox"/> Established certified list or register. |

**III. PLEASE PLACE A CHECKMARK BY THE METHOD USED TO FILL THE ABOVE VACANCY (*One of these methods must be checked.*)**

- A. ☐ Hired from a tested category on a certified list as a "Best Qualified" candidate.
- B. ☐ Hired from a tested category on a certified eligible list as a "Better Qualified" candidate.
- C. ☐ Hired from a tested category on a certified eligible list as a "Qualified" candidate.
- D. ☐ Layoff or separation reinstatement candidate selected.
- E. ☐ Other reinstatement candidate selected.
- F. ☐ Candidate certified by the Division of Rehabilitation Services.
- G. ☐ Transfer candidate eligible for appointment selected (Layoff or separation candidates, if any, cleared).
- H. ☐ Interview and Hire classification (Layoff or separation, if any, cleared).
- I. ☐ Appointment from a Register.
- J. ☐ Selection from an existing eligible list of a contractual employee not eligible for conversion under the Contractual Conversion Transfer Guideline.
- K. ☐ Streamlined Selection.
- L. ☐ Other (please specify) \_\_\_\_\_

IV. PLEASE PLACE A CHECKMARK BESIDE A OR B BELOW TO INDICATE THE TYPE OF PROJECT COMPLETED.

- A. ☐ A requisition and recruitment planner were completed and approved by DBM RED to conduct a recruitment to establish a new list. (***Complete Section V***)
- B. ☐ Completion of a delegated requisition (PSP Lite) for filling a vacancy using an existing list, by transfer, reinstatement, voluntary demotion or by Interview and Hire. (***Do not complete Section V***)

V. PLEASE PLACE A CHECKMARK BESIDE ALL OF THE STATEMENTS THAT YOUR AGENCY PERFORMED. (***This section must be completed if a recruitment and examination project was conducted.***)

The following section does not have to be completed if the selection was made from an existing eligible list or by transfer, reinstatement, reassignment or Interview and Hire.

- A. ☐ Requisition and Recruitment Planner submitted to, and approved by DBM RED prior to posting of job announcement.
- B. ☐ Job Announcement posted at least two (2) weeks before deadline.
- C. ☐ Notice sent to applicants who fail to meet minimum qualifications.
- D. ☐ Notice sent to candidates at least 10 days before test administration date (when applicable).
- E. ☐ Established job relatedness, reliability, and validity of the selection test(s).
- F. ☐ Veterans', seniority, and State resident points and/or DPSCS or DJS points (if applicable) added to candidates' converted scores.
- G. ☐ Certified eligible list established with candidates in the legally required order.
- H. ☐ Hire (H) in cert action code and completion of Hire Detail.

VI. **STREAMLINED SELECTION** -- PLEASE PLACE A CHECKMARK IN THE COLUMN TO INDICATE THAT THE AGENCY PERFORMED THE FUNCTION. **Note that items A, B, C, D and E must have been performed.** (***This section must be completed if this appointment was made using STREAMLINED SELECTION.***)

- A. ☐ Required approval for Streamlined Selection was received from DBM.
- B. ☐ Job Announcement, advertisement or other form of public solicitation.
- C. ☐ Retention of all the applications or resumes submitted for this recruitment, including that of the selected candidate.
- D. ☐ Evaluation of candidates in the form of interview questions with candidate responses; or a formal assessment/examination, such as a rating of training and experience; or other method of evaluation.
- E. ☐ Verification of required licensure/certification, education and experience; and checks of references and criminal background, if required.
- F. ☐ Completion of the EEO Applicant Data Form, if required.

VII. CERTIFICATION AND SIGNATURES -- *This section must be completed and include all signatures.*  
*Failure to do so may result in the appointment being rescinded.*

We certify that this recruitment and testing project and/or appointment was made in accordance with the applicable provisions of the State Personnel and Pensions Article. All appropriate records (i.e. applications, job announcements, test materials, etc.) will be maintained for audit purposes.

Appointing Authority: \_\_\_\_\_ Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

EEO Officer: \_\_\_\_\_ Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**\*Signatures of Appointing Authority and EEO Officer must be original signatures. If not, please check the box below and explain.**



ACF1002.doc

Appointment Certification Form

Revised 01/2013